

Appeal Type: Pharmacy	Appeal Category: Drug not Covered
Case Number: 0100044	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for Procarin to assist in treatment of MS despite this being an off-label use.	Reason for Decision: External review agency determined that Procarin's ingredients are all natural and its use with MS patients is not well known. It is not FDA approved and is therefore considered experimental and not a covered benefit.

Appeal Type: Pharmacy	Appeal Category: Formula(s)
Case Number: 0100063	Appeal Decision: Upheld
Case Summary: Requesting coverage for Neocate Formula for daughter who has severe allergic reactions to many types of food due to an immune system disorder.	Reason for Decision: External review agency determined that it is not medically necessary. There were differences in the medical notes regarding the severity of the allergic reactions and the eczema. The weight of the child is satisfactory and not a danger to her health.

Appeal Type: Pharmacy	Appeal Category: Drug Not Covered
Case Number: 0100069	Appeal Decision: Overturned
Case Summary: Patient requesting coverage for Penlac Nai Lacquer Topical Solution for toe nail onychomycosis.	Reason for Decision: External review agency determined that this product is safer than Lamisil for a patient with a history of liver and pancreatic cancer.

Appeal Type: Pharmacy	Appeal Category: Drug Not Covered
Case Number: 0100080	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for Lupron injection which is working well and is easy to administer. Lupron is not covered by the patient's health plan but Zoladex is a covered benefit.	Reason for Decision: External review agency determined that Lupron is interchangeable with Zoladex and there is no clinical contraindication to converting.

Appeal Type: Pharmacy	Appeal Category: Excluded
Case Number: 0100095	Appeal Decision: Overturned
Case Summary: Patient with multiple illnesses requesting coverage for Boost Supplement since he has been having recurring problems since coverage was discontinued. Parents can only afford a fraction of what he was taking.	Reason for Decision: External review agency determined that Boost appears to be medically necessary in this case. The growth hormone the child is taking depends on absorption of nutrients and he has a history of malabsorption. Boost is needed to maintain proper absorption and maximize the effects of the growth hormone.

Appeal Type: Pharmacy	Appeal Category: Limited Coverage
Case Number: 0100115	Appeal Decision: Upheld
Case Summary: Patient requesting coverage for Lamisil tablets to cure onychomycosis.	Reason for Decision: External review agency determined that oral medications are not medically necessary in this stage. Topical ointments are more appropriate.